

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9-22-05</u>		2 Serial/Patent # <u>10/532,041</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND		\$									
8 TO BE REFUNDED BY:		Treasury Check									
10 REASON:		Credit Deposit A/C #:									
✓	Overpayment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">4</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> </tr> </table>			0	2	--	4	8	0	0
0	2	--	4	8	0	0					
	Duplicate Payment										
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Barbara Campbell</u> TITLE: _____											
SIGNATURE: <u>[Signature]</u> PHONE: _____											
OFFICE: <u>PCT/DO/EO</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____ DATE: _____											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: